U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4/05	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name KEN BASTIAN	Name PLUMBERS AFL-CIO #118 Labor Organization File Number 040611
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3030-39th AVENUE	Street 3030-39th AVENUE
City KENOSHA	City KENOSHA
State WI ZIP Code + 4 53144	State WI ZIP Code + 4 53144
5. Position in labor organization. BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name DAVE KARLSEN PLUMBING CO.	CHRISTMAS BASKET
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 1951 GROVE AVENUE	
City RACINE	APPROXIMATELY \$40
State WI ZIP Code + 4 53405	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Jenneth Sastan

On 7-21-05

(262) 654-3815

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name SEGAL COMPANY a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if arry c. Employer Street 101 NORTH WACKER DRIVE, #500 CHICAGO, City ZIP Code + 4 60606 -IL. State 1724 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name PLUMBERS & STEAMFITTERS LOCAL 118 CONSULT ON PENSION FUND KENOSHA UNIT - PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2100 N. MAYFAIR ROAD 11.b. Approximate dollar value of such dealing. \$82,000 City MILWAUKEE, 12.a. Nature of interest held or income received. ATTENDED BASKETBALL GAME AND DINNER State ZIP Code + 4 53226 WI 12.b. Amount. **\$50**

Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name JOHN MOSSBERG a. Labor Organization Trade Name, if any: REINHART, BOERNER, VAN DEUREN. **ATTORNEYS** b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 1000 NORTH WATER STREET, #2100 City MILWAUKEE, WI 53202 ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name PLUMBERS & STEAMFITTERS LOCAL 118 SMOOZING TO GET PENSION BUSINESS KENOSHA UNIT - PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2100 N. MAYFAIR ROAD 11.b. Approximate dollar value of such dealing. NONE City MILWAUKEE 12.a. Nature of interest held or income received. ZIP Code + 4 53226 WI GOLF OUTING AND LUNCH State \$120 12.b. Amount.

Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name HEALTH DYNAMICS a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 575 WEST DELUXE PARKWAY GLENDALE, City State WI ZIP Code + 4 53212 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name LOCAL 118 HEALTH & WELFARE RECEIVES A PORTION OF HEALTH INSURANCE PREMIUMS -NOT SURE HOW MUCH THEY RECEIVE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3030 - 39th AVENUE UNKNOWN 11.b. Approximate dollar value of such dealing. City KENOSHA 12.a. Nature of interest held or income received. State WI ZIP Code + 4 53144 GOLF OUTING \$50 12.b. Amount.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	· · · · · · · · · · · · · · · · · · ·
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing KEN BASITAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name WISCONSIN VISION	
Trade Name, if any:	X a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 5725 -75th STREET	
City KENOSHA	
State WI ZIP Code + 4 53144	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	REQUESTED LIST OF MEMBERS TO PROVIDE EYE CARE
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing0-
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	GOLF OUTING
	12.b. Amount. \$38
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	•
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing KEN BASTIAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name U S BANK	X a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street 3314 - 80th STREET City KENOSHA	
City KENOSHA State WI ZIP Code + 4 53144	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	SOLICIT BANK BUSINESS
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. NONE
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	TICKETS FOR GMO GOLF TOURNAMENT
	12.b. Amount. \$60

14.b. Amount of payment.
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File Number U-

	12.b. Amount. \$75
State WI ZIP Code + 4 53144	GOLF OUTING
City KENOSHA,	12.a. Nature of interest held or income received.
Street 3030-39th AVENUE	11.b. Approximate dollar value of such dealing. UNKNOWN
P.O. Box, Bldg., Room No., if any	
Trade Name, if any:	
Name LOCAL 118 HEALTH & WELFARE	RECEIVES A PORTION OF HEALTH INSURANCE PREMIUMS-NOT SURE HOW MUCH THEY RECEIVE
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
State WI ZIP Code + 4 54301	
City GREEN BAY,	
Street 300 NORTH MADISON STREET, #100	- California
P.O. Box, Bldg., Room No., if any	c. Employer
Trade Name, if any:	X b. Trust
Name HUMANA INC.	a. Labor Organization
8. Name and address of Business (including trade name, if any).	9. Business deals with:
B. Held an interest in or derived income or economic benefit with monetary valus bubstantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ety seeking to represent, or rectly to, or otherwise

 Name and address of Em (including trade name, if a 	ployer or Labor Relations Consultant 1y).	14.a. Nature of payment.
Name		} ;
Trade Name, if any:		
P.O. Box, Bldg., Room No., if	any	
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Empl	oyer or Consultant ?	14.b. Amount of payment.

Name of Person Filing KEN BASTIAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name CIPCO-ED MORTENSEN Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 8330 CORPORATE DRIVE	9. Business deals with: a. Labor Organization X b. Trust c. Employer	
City RACINE, State WI ZIP Code + 4 53406	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	ing 1 to 2012 to 1 to 1 to 1 to 1 to 2 to 2 to 1 to 1	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	SMOOZING FOR INSURANCE BUSINESS	
Street:	11.b. Approximate dollar value of such dealing. NONE	
State ZIP Code + 4	12.a. Nature of interest held or income received. GOLF OUTING	
	12.b. Amount. \$60	
	12.b. Amount. \$60	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	} :	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State

Name of Person Filing KEN BASTIAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
Name and address of Business (including trade name, if any).	9. Business deals with:
Name VALLANI & BECKER, CPA Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization X b. Trust
Street 6535 GREEN BAY ROAD City KENOSHA, State WI ZIP Code + 4 53144	c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name PLUMBERS & STEAMFITTERS LOCAL 118- KENOSHA UNIT - PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. ACCOUNTING SERVICES
Street 2100 N. MAYFAIR ROAD	11.b. Approximate dollar value of such dealing. \$10,000
City MILWAUKEE, State WI ZIP Code + 4 53226	12.a. Nature of interest held or income received. CHRISTMAS BASKET
	12.b. Amount. \$35
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
Trade Name, if any: P.O. Box, Bldg., Room No., if any	

14.b. Amount of payment.

13.b. Is the Business an Employer

State

ZIP Code + 4

or Consultant

?



KEN BASTIAN PLUMBERS AFL-CIO #118 ATTACHMENT TO FORM LM-30

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Signature Dastean: 7-21-2005